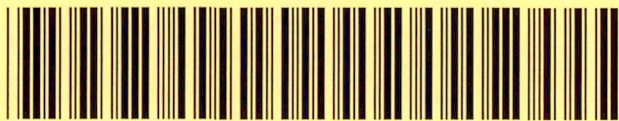


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DocumentID NONCD0002850

Site Name BUSICK ROAD TCE

DocumentType Correspondence (C)

RptSegment 1

DocDate 3/30/2011

DocRcvd 4/4/2011

Box SF2231

AccessLevel PUBLIC

Division WASTE MANAGEMENT

Section SUPERFUND

Program IHS (IHS)

DocCat FACILITY

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Cicero W. Hankins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>CICERO HANKINS 190 BUSICK ROAD REIDSVILLE NC 27320</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7009 0820 0000 2474 0537</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE	
<p>PERMIT TRIAD AREA</p> <p>01 APR 2001 04 21</p>	
<p>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</p>	
<p>• Sender: Please print your name, address, and ZIP+4 in this box •</p>	
<p>DENR - FAYETTEVILLE REGIONAL OFFICE</p> <p>INACTIVE HAZARDOUS SITES SECTION</p> <p>SEAN BOYLES, HYDROGEOLOGIST</p> <p>225 GREEN STREET, SUITE 714</p> <p>FAYETTEVILLE NC 28301</p> <p>APR 04 2011</p>	
<p>DENR - FAYETTEVILLE REGIONAL OFFICE</p>	

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Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

7-13-10

Postmark
Here

Sent To	Cicero Hankins
Street, Apt. No., or PO Box No.	190 Busick Road
City, State, ZIP+4	Reidsville NC 27320

PS Form 3800, August 2006

See Reverse for Instructions

7009 0820 0000 2474 0063



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

March 30, 2011

CERTIFIED MAIL
Return Receipt Requested

Cicero Hankins
190 Busick Road
Reidsville, North Carolina 27320

Re: Water Filtration System
190 Busick Road , Reidsville NC 27320

Dear Mr. Hankins:

Based on our records, it appears that the drinking water supply well at the above referenced residence is contaminated. The contamination detected in your drinking water supply well is at concentrations exceeding safe levels for human consumption. The Bernard Allen Memorial Fund ("Fund") was established to help provide alternate water sources for home owners throughout North Carolina who might otherwise not be able to afford to provide alternate water for themselves in situations where the primary drinking water source well has become contaminated. Where public water is available, the Fund will pay for connection to the public water main. Where no public water service is available or the costs to connect to the water system are not reasonable, the Fund will offer to pay for installation of a water filtration system (system). The water filtration system would be designed to remove contaminants detected in your drinking water supply well. The Fund will pay for all future testing, maintenance and costs associated with the system as long as there is sufficient money available in the fund or until public water service becomes available. The Division of Waste Management ("Division") will use its contractors to conduct this work.

Qualification for use of the Fund is required for each site. Attached you will find a Household Income Verification Affidavit to be completed and returned to our office. If you do not meet the requirements in the affidavit, please notify this office in writing and provide appropriate documentation. Upon receipt of the affidavit the Division will schedule its contractor to install the system. In the event this office receives your documentation of non-qualification, our office will evaluate whether other funds are available to pay for installation and maintenance.

If the Division is unable to pay for continued operation of the system in the future, the current owner of the property refuses assistance with maintenance of the water filtration system, or the current owner refuses to accept the alternate water offer the Branch may file a 'Notice of Inactive Hazardous Substance or Waste Disposal Site' ("Notice") for your property in the Rockingham County Register of Deeds' office in accordance with § 130A-310.8 of the Inactive Hazardous Sites Act. The purpose of the Notice is to notify any prospective

purchaser of the property of the groundwater contamination in your drinking water supply well. We would prepare and record the Notice and pay for any expenses related to the recordation of the Notice. This Notice would not relieve you, or a subsequent owner, of your responsibilities to disclose this contamination to any purchasers of the property in accordance with the Residential Property Disclosure Act § 47E et.seq.

You will need to send a written response to our office by the close of business on the 30th day following your receipt of this letter. As soon as we receive your written agreement of this offer, the Fund can move forward with organizing and mobilizing the necessary resources to implement installation of the system at your property. Please send your written response to my attention at the address listed in the footer of this letter. If you have any questions, concerning this issue, please contact me at (910)433-3345.

Sincerely,

A handwritten signature in black ink, appearing to read "P. Sean Boyles", with a stylized flourish at the end.

P. Sean Boyles, L.G.
Inactive Hazardous Sites Branch
Superfund Section

cc: Vincent Antrilli, DWM Superfund Section Raleigh Central Office

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

IN THE MATTER OF: Bernard Allen Memorial Emergency Drinking Water Fund
Eligibility by Cicero Hankins

UNDER THE AUTHORITY OF) AFFIDAVIT
NORTH CAROLINA GENERAL) RE: Household Income Verification
STATUTES § 87-98)

Cicero Hankins, being duly sworn, hereby deposes and says:

1. I am/we are the owner of property generally referred to as: 190 Busick Road,
Reidsville, Rockingham County, North Carolina.
2. I am/we are applying for eligibility under the North Carolina General Statute (N.C.G.S.) § 87-98 (Bernard Allen Memorial Emergency Drinking Water Fund) for an alternate water supply for the property generally referred to as: 190 Busick Road, Reidsville, Rockingham County,
North Carolina.
3. I/We hereby certify, under the pains and penalties of perjury, that I/We meet the eligibility requirements of N.C.G.S. § 87-98(c), in that my/our household gross income for calendar year 2009 is not greater than three hundred percent (300%) of the current federal poverty guidelines determined by the US Department of Health and Human Services, as listed below:

2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family	Poverty guideline
1.....	\$10,830
2.....	14,570
3.....	18,310
4.....	22,050
5.....	25,790
6.....	29,530
7.....	33,270
8.....	37,010

For families with more than 8 persons, add \$3,740 for each additional person.

4. I hereby certify, under the pains and penalties of perjury, that I/we have not caused or contributed to the groundwater contamination resulting in the need to seek eligibility for use of the Bernard Allen Memorial Drinking Water Fund. .

Affiant further saith not.

Signature/Printed Name

Date

Sworn to and subscribed before me

this _____ day of _____, 20__.

Notary Public

My commission expires: _____

(SEAL)

Please list any additional special circumstances impacting the family's listed annual income: